

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2915

## CERTIFICATE OF DEATH

02908

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Calvert</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u> c. LENGTH OF STAY IN 1b <u>3 yrs</u> d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Md</u> b. COUNTY <u>Calvert</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u> d. STREET ADDRESS <u></u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Vernon</u> Middle <u>C.</u> Last <u>Ashby</u>		4. DATE OF DEATH Month <u>3</u> Day <u>12</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 7, 1886</u> 9. AGE (In years last birthday) <u>72</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> 11. BIRTHPLACE (State or foreign country) <u>Va.</u>	
13. FATHER'S NAME <u>Turner H. Ashby</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u>221-09-7615</u> 17. INFORMANT <u>Mrs Vernon Ashby, Prince Frederick Md</u> Address <u></u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>420.1</u> <u>Coronary Occlusion</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Arteriosclerosis</u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u></u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u></u>	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u></u>	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>3 Mar</u> , 19 <u>58</u> , to <u>12 Mar</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>10 Mar</u> , 19 <u>59</u> , and that death occurred at <u>8:30</u> A. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>Huntingtown, Md</u> DATE SIGNED <u>12 Mar 59</u>			
ACTUAL SIGNATURE <u>G. J. Weems</u> PHYSICIAN'S NAME (Type) <u>G. J. Weems</u>		M.D. <u></u>	
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>3-15-59</u>	<u>Thesley</u>	<u>Prince Frederick Md</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Hutchins Funeral Home</u> ADDRESS <u>Quinn's Md</u>		24a. REC'D BY REGISTRAR DATE <u>MAR 16 '59</u>	24b. REGISTRAR'S SIGNATURE <u>Arthur S. Hume</u>

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



2916

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <b>Calvert</b> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Prince Frederick</b> c. LENGTH OF STAY IN 1b <b>Prince Frederick</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Calvert</b> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Prince Frederick</b>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Calvert County Hospital</b>		d. STREET ADDRESS _____			
3. NAME OF DECEASED (Type or print) <b>Francis Henry Digges</b>		4. DATE OF DEATH Month <b>March</b> Day <b>3</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 28, 1877</b>	9. AGE (In years last birthday) <b>82</b> yrs.	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Doctor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MEDICAL</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Charles Claude Digges</b>		14. MOTHER'S MAIDEN NAME <b>Emily Brent</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT <b>Nina Bond Digges, Prince Frederick, Md.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral accident</b> <b>442X</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Hypertensive C.V.R. disease</b> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. _____ p. m. _____ 19 _____		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>8 Aug. 1958</b> to <b>3 Mar. 1959</b> , that I last saw the deceased alive on <b>2 Mar. 1959</b> , and that death occurred at <b>7:10 A.M.</b> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <b>Huntingtown, Md.</b> DATE SIGNED <b>3/3/59</b>					
ACTUAL SIGNATURE <b>Dr. George J. Weems</b>		M.D. <b>Huntingtown, Md.</b>			
PHYSICIAN'S NAME (Type) <b>Dr. George J. Weems</b>		Huntingtown, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	22b. DATE THEREOF <b>Mar 5, 1959</b>	22c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Cemetery</b>	22d. LOCATION (City, town, or county) (State) <b>Prince Frederick, Md</b>		
23. FUNERAL DIRECTOR'S SIGNATURE <b>A. A. Hackness &amp; Son - Mutual, Ind</b>		ADDRESS <b>Mutual, Ind</b>		24a. REC'D BY REGISTRAR DATE <b>MAR 5 '59</b>	24b. REGISTRAR'S SIGNATURE <b>Arthur S. Harris</b>

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



2917

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <i>Cabret</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Ind</i> b. COUNTY <i>Cabret</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Oliver</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Oliver</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>—</i>		d. STREET ADDRESS <i>—</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Elnora Frances Dixon</i>		4. DATE OF DEATH Month Day Year <i>Mar. 1, 1959</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 8, 1878</i>
9. AGE (In years last birthday) <i>81</i> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	
11. BIRTHPLACE (State or foreign country) <i>Oliver Ind</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>William L. Dixon</i>		14. MOTHER'S MAIDEN NAME <i>Laura Saunders</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Clara M. Dixon - Oliver - Cabret Co - Ind.</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary insufficiency</i> <i>420.1</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Dehydration</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>19</i>		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Dec 1, 1958</i> to <i>March 1, 1959</i> , that I last saw the deceased alive on <i>March 1, 1959</i> , and that death occurred at <i>1 P. M.</i> from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>R de Villarreal</i>		ADDRESS (Street, city or town, state) <i>St Leonard</i> DATE SIGNED <i>3/3/59</i>	
PHYSICIAN'S NAME (Type) <i>R de VILLARREAL</i>		<i>ST. LEONARDS, MD.</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>Mar. 4, 1959</i>	22c. NAME OF CEMETERY OR CREMATORY <i>Oliver Cemetery</i>	22d. LOCATION (City, town, or county) (State) <i>Oliver - Cabret Co - Ind.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. B. Harkness &amp; Son - Mutual, Ind.</i>		24a. REC'D BY REGISTRAR DATE <i>MAR 5 59</i>	
24b. REGISTRAR'S SIGNATURE <i>Ernest S. Hanna</i>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

5123



2913

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Calvert</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Calvert</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Solomons</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Solomons</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) First <u>Peter</u> Middle <u>A.</u> Last <u>Dorsey</u>				4. DATE OF DEATH Month <u>March</u> Day <u>8</u> Year <u>1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 23, 1871</u>	9. AGE (In years last birthday) <u>88</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Experting &amp; Fishing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Waterman</u>		11. BIRTHPLACE (State or foreign country) <u>St. Mary's Co., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Dorsey</u>		14. MOTHER'S MAIDEN NAME <u>Georganna Greenfield</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>212-16-6070</u>		17. INFORMANT <u>Thomas Dorsey, Solomons Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crown an occlusion</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Heart failure</u> DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>3/7</u> , 19 <u>59</u> , to <u>3/7</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>March 7</u> , 19 <u>59</u> , and that death occurred at <u>M</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>R de Villiers</u> M.D.				ADDRESS (Street, city or town, state) <u>St. Thomas</u>		DATE SIGNED <u>3/8/59</u>	
PHYSICIAN'S NAME (Type) <u>R de Villiers RREHL, M.D.</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>March 10, 1959</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Solomons Catholic Co.</u>		22d. LOCATION (City, town, or county) (State) <u>Solomons Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>G. A. Harkness &amp; Son</u>				ADDRESS <u>Mutual, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>MAR 10 '59</u>	
				24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kraus</u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Reg. No. 111

<p>1. NAME OF DECEASED                  _____</p>		<p>2. SEX                  _____</p>		<p>3. AGE                  _____</p>	
<p>4. DATE OF DEATH                  _____</p>		<p>5. TIME OF DEATH                  _____</p>		<p>6. PLACE OF DEATH                  _____</p>	
<p>7. CAUSE OF DEATH                  _____</p>		<p>8. MANNER OF DEATH                  _____</p>		<p>9. PLACE OF BIRTH                  _____</p>	
<p>10. OCCUPATION                  _____</p>		<p>11. EDUCATION                  _____</p>		<p>12. COLOR                  _____</p>	
<p>13. MARITAL STATUS                  _____</p>		<p>14. RELIGION                  _____</p>		<p>15. PREVIOUS MARRIAGES                  _____</p>	
<p>16. SIGNATURE OF DECEASED                  _____</p>		<p>17. SIGNATURE OF WITNESS                  _____</p>		<p>18. SIGNATURE OF DECEASED                  _____</p>	
<p>19. SIGNATURE OF WITNESS                  _____</p>		<p>20. SIGNATURE OF DECEASED                  _____</p>		<p>21. SIGNATURE OF WITNESS                  _____</p>	
<p>22. SIGNATURE OF DECEASED                  _____</p>		<p>23. SIGNATURE OF WITNESS                  _____</p>		<p>24. SIGNATURE OF DECEASED                  _____</p>	
<p>25. SIGNATURE OF WITNESS                  _____</p>		<p>26. SIGNATURE OF DECEASED                  _____</p>		<p>27. SIGNATURE OF WITNESS                  _____</p>	
<p>28. SIGNATURE OF DECEASED                  _____</p>		<p>29. SIGNATURE OF WITNESS                  _____</p>		<p>30. SIGNATURE OF DECEASED                  _____</p>	
<p>31. SIGNATURE OF WITNESS                  _____</p>		<p>32. SIGNATURE OF DECEASED                  _____</p>		<p>33. SIGNATURE OF WITNESS                  _____</p>	
<p>34. SIGNATURE OF DECEASED                  _____</p>		<p>35. SIGNATURE OF WITNESS                  _____</p>		<p>36. SIGNATURE OF DECEASED                  _____</p>	
<p>37. SIGNATURE OF WITNESS                  _____</p>		<p>38. SIGNATURE OF DECEASED                  _____</p>		<p>39. SIGNATURE OF WITNESS                  _____</p>	
<p>40. SIGNATURE OF DECEASED                  _____</p>		<p>41. SIGNATURE OF WITNESS                  _____</p>		<p>42. SIGNATURE OF DECEASED                  _____</p>	
<p>43. SIGNATURE OF WITNESS                  _____</p>		<p>44. SIGNATURE OF DECEASED                  _____</p>		<p>45. SIGNATURE OF WITNESS                  _____</p>	
<p>46. SIGNATURE OF DECEASED                  _____</p>		<p>47. SIGNATURE OF WITNESS                  _____</p>		<p>48. SIGNATURE OF DECEASED                  _____</p>	
<p>49. SIGNATURE OF WITNESS                  _____</p>		<p>50. SIGNATURE OF DECEASED                  _____</p>		<p>51. SIGNATURE OF WITNESS                  _____</p>	
<p>52. SIGNATURE OF DECEASED                  _____</p>		<p>53. SIGNATURE OF WITNESS                  _____</p>		<p>54. SIGNATURE OF DECEASED                  _____</p>	
<p>55. SIGNATURE OF WITNESS                  _____</p>		<p>56. SIGNATURE OF DECEASED                  _____</p>		<p>57. SIGNATURE OF WITNESS                  _____</p>	
<p>58. SIGNATURE OF DECEASED                  _____</p>		<p>59. SIGNATURE OF WITNESS                  _____</p>		<p>60. SIGNATURE OF DECEASED                  _____</p>	
<p>61. SIGNATURE OF WITNESS                  _____</p>		<p>62. SIGNATURE OF DECEASED                  _____</p>		<p>63. SIGNATURE OF WITNESS                  _____</p>	
<p>64. SIGNATURE OF DECEASED                  _____</p>		<p>65. SIGNATURE OF WITNESS                  _____</p>		<p>66. SIGNATURE OF DECEASED                  _____</p>	
<p>67. SIGNATURE OF WITNESS                  _____</p>		<p>68. SIGNATURE OF DECEASED                  _____</p>		<p>69. SIGNATURE OF WITNESS                  _____</p>	
<p>70. SIGNATURE OF DECEASED                  _____</p>		<p>71. SIGNATURE OF WITNESS                  _____</p>		<p>72. SIGNATURE OF DECEASED                  _____</p>	
<p>73. SIGNATURE OF WITNESS                  _____</p>		<p>74. SIGNATURE OF DECEASED                  _____</p>		<p>75. SIGNATURE OF WITNESS                  _____</p>	
<p>76. SIGNATURE OF DECEASED                  _____</p>		<p>77. SIGNATURE OF WITNESS                  _____</p>		<p>78. SIGNATURE OF DECEASED                  _____</p>	
<p>79. SIGNATURE OF WITNESS                  _____</p>		<p>80. SIGNATURE OF DECEASED                  _____</p>		<p>81. SIGNATURE OF WITNESS                  _____</p>	
<p>82. SIGNATURE OF DECEASED                  _____</p>		<p>83. SIGNATURE OF WITNESS                  _____</p>		<p>84. SIGNATURE OF DECEASED                  _____</p>	
<p>85. SIGNATURE OF WITNESS                  _____</p>		<p>86. SIGNATURE OF DECEASED                  _____</p>		<p>87. SIGNATURE OF WITNESS                  _____</p>	
<p>88. SIGNATURE OF DECEASED                  _____</p>		<p>89. SIGNATURE OF WITNESS                  _____</p>		<p>90. SIGNATURE OF DECEASED                  _____</p>	
<p>91. SIGNATURE OF WITNESS                  _____</p>		<p>92. SIGNATURE OF DECEASED                  _____</p>		<p>93. SIGNATURE OF WITNESS                  _____</p>	
<p>94. SIGNATURE OF DECEASED                  _____</p>		<p>95. SIGNATURE OF WITNESS                  _____</p>		<p>96. SIGNATURE OF DECEASED                  _____</p>	
<p>97. SIGNATURE OF WITNESS                  _____</p>		<p>98. SIGNATURE OF DECEASED                  _____</p>		<p>99. SIGNATURE OF WITNESS                  _____</p>	
<p>100. SIGNATURE OF DECEASED                  _____</p>		<p>101. SIGNATURE OF WITNESS                  _____</p>		<p>102. SIGNATURE OF DECEASED                  _____</p>	



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2919

## CERTIFICATE OF DEATH

02912

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <b>Calvert</b> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Calvert</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Prince Frederick</b>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>St. Leonards</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Calvert County Hospital</b>				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Catherine</b> Middle <b>E.</b> Last <b>Grover</b>		4. DATE OF DEATH Month <b>March</b> Day <b>25</b> Year <b>19 59</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>JUNE 8, 1918</b>		9. AGE (In years last birthday) <b>40 yrs.</b>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <b>9</b> Days <b>9</b> Hours <b>9</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13. FATHER'S NAME <b>Oliver Buckler</b>			
14. MOTHER'S MAIDEN NAME <b>Blanche Fowler</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>No</b>			
16. SOCIAL SECURITY NO. <b>212-24-2548</b>				17. INFORMANT <b>Wilson B. Grover, St. Leonards Md.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatous</b> DUE TO <b>171X</b> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Ca of cervix &amp; uterus</b> DUE TO (c) <b>1 year</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. <b>19</b> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>5/1</b> , 19 <b>58</b> , to <b>3/25</b> , 19 <b>59</b> , that I last saw the deceased alive on <b>5/25</b> , 19 <b>59</b> , and that death occurred at <b>7:10</b> M, from the causes and on the date stated above.							
ACTUAL SIGNATURE <b>Roe Villarreal</b> M.D.				ADDRESS (Street, city or town, state) <b>St Leonards</b> DATE SIGNED <b>3/25/59</b>			
PHYSICIAN'S NAME (Type) <b>ROE VILLARREAL MD</b>				<b>ST LEONARDS, MD</b>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		22b. DATE THEREOF <b>3/28/59</b>		22c. NAME OF CEMETERY OR CREMATORY <b>COMMONWEALTH CHURCH CEM.</b>		22d. LOCATION (City, town, or county) (State) <b>LUSBY - CALVERT CO. - MD.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>A.C. Warkness &amp; Son - Mutual, Inc.</b>				24. REC'D BY REGISTRAR DATE <b>MAR 30 1959</b>		24b. REGISTRAR'S SIGNATURE <b>Arthur S. Frank</b>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 of 1 may be filed by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director should be filled with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



2923

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Cabaret</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Ind</i> b. COUNTY <i>Cabaret</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Solomons</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Solomons</i>	
c. LENGTH OF STAY IN 1b <i>3 days</i>		d. STREET ADDRESS <i>1</i>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>Edna V Kopp</i>		4. DATE OF DEATH Month <i>3</i> Day <i>24</i> Year <i>1959</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 22, '13</i>
9. AGE (In years (at birth day) <i>45</i> yrs. <i>83</i>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Ind</i>	
11. BIRTHPLACE (State or foreign country) <i>Ind</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>George Collins</i>		14. MOTHER'S MAIDEN NAME <i>Catherine R. Cocker</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT <i>Glenn J Kopp</i>		Address <i>Solomons Ind</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> DUE TO <i>Aged</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Aged</i> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <i>2 min</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Had been up and down when she was walking across floor and fell off and was caught under a chair</i>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME OF INJURY Month, Day, Year <i>8 3/24/59</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Friends home</i>		20f. (City or town) <i>Solomons</i> (County) <i>Cabaret</i> (State) <i>Ind</i>	
21. I certify that I attended the deceased from <i>8/24/59</i> to <i>8/24/59</i> , that I last saw the deceased alive on <i>8/24/59</i> , and that death occurred at <i>8:45</i> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>H. W. Ward</i>		ADDRESS (Street, city or town, state) <i>Owings Ind</i>	
PHYSICIAN'S NAME (Type) <i>H. W. WARD</i>		DATE SIGNED <i>3/24/59</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Mar. 26, 1959</i>	
22c. NAME OF CEMETERY OR CREMATORY <i>Solomons Methodist</i>		22d. LOCATION (City, town, or county) (State) <i>Solomons - Cabaret Co - Ind</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>G. A. Thacker &amp; Son - Mutual, Ind</i>		ADDRESS	
24a. REC'D BY REGISTRAR DATE <i>MAR 30 '59</i>		24b. REGISTRAR'S SIGNATURE <i>Arthur S. Thacker</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

WILLIAM FLORENCE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02913

## CERTIFICATE OF DEATH

Reg. Dist. No.

2920

1. PLACE OF DEATH a. COUNTY <i>Calvert</i> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE <i>Maryland</i> b. COUNTY <i>Calvert</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>				c. LENGTH OF STAY IN 1b <i>x Prince Frederick</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert County Hospital</i>				1 d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>(A)</i>		First <i>MacKall</i>		Last <i>MacKall</i>		4. DATE OF DEATH Month <i>March</i> Day <i>17</i> Year <i>1959</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>3-17-59</i>	
9. AGE (In years last birthday) yrs.		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Cornelius MacKall</i>				14. MOTHER'S MAIDEN NAME <i>Ella Mae Parker</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>(If yes, give war or dates of service)</i>				16. SOCIAL SECURITY NO.		17. INFORMANT <i>Ella Mae MacKall</i> Address <i>Prince Frederick</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Premature (4 months)</i> <i>776x</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>3/17</i> , 19 <i>9</i> , to <i>3/17</i> , 19 <i>9</i> , that I last saw the deceased alive on <i>3/17</i> , 19 <i>59</i> , and that death occurred at <i>9:30 A.M.</i> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <i>Robert de Villarreal</i> M.D.				ADDRESS (Street, city or town, state) <i>5th Ave</i>		DATE SIGNED <i>3/18</i>	
PHYSICIAN'S NAME (Type) <i>Robert de Villarreal, MD.</i>							
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF <i>3-18, 59</i>		22c. NAME OF CEMETERY OR CREMATORY <i>Potomac</i>		22d. LOCATION (City, town, or county) (State) <i>Huntingtown 3/18</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>P.E. Sewell</i> Address <i>Prince Frederick</i>				24a. REC'D BY REGISTRAR DATE <i>MAR 23 '59</i>		24b. REGISTRAR'S SIGNATURE <i>Arthur L. Kraus</i>	

2364184XVO





## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Calvert</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Calvert County Hospital</u>		1 d. STREET ADDRESS <u>1</u>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>B</u> Middle <u>Mackall</u> Last <u>Mackall</u>		4. DATE OF DEATH Month <u>March</u> Day <u>17</u> Year <u>19</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-17-58</u>
9. AGE (In years last birthday) yrs. <u>10</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Cornelius Mackall</u>		14. MOTHER'S MAIDEN NAME <u>Ella Mae Parker</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Ella Mae Mackall Prince Frederick</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia (4th month)</u> 776X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>3/17</u> , 19 <u>59</u> , to <u>3/17</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>3/17</u> , 19 <u>59</u> , and that death occurred at <u>9:30</u> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Robert de Villareal</u> M.D.		ADDRESS (Street, city or town, state) DATE SIGNED <u>St. Thomas</u> <u>3/18/59</u>	
PHYSICIAN'S NAME (Type) <u>Robert de Villareal, M.D.</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>3-18-59</u>	22b. DATE THEREOF <u>3-18-59</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Patuxent</u>	22d. LOCATION (City, town, or county) (State) <u>Huntingtown Md</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>P.E. Sewell</u>		ADDRESS <u>Prince Frederick</u>	
24a. REC'D BY REGISTRAR DATE <u>MAR 23 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kraus</u>	

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C

MEDICAL CERTIFICATION

2365185XVO



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02915

2922

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Calvert</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert County Hospital</i>		d. STREET ADDRESS <i>1</i>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>C</i> First <i>Mackall</i> Middle <i>Mackall</i> Last <i>Mackall</i>		4. DATE OF DEATH <i>March</i> Month <i>17</i> Day <i>19</i> Year <i>59</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-17-59</i>
9. AGE (In years last birthday) yrs. <i>5</i>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Cornelius Mackall</i>		14. MOTHER'S MAIDEN NAME <i>Ella Mae Parker</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Ella Mae Mackall</i> Address <i>Prince Frederick</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Premature (4th m)</i> <i>776X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>3/17</i> , 19 <i>59</i> , to <i>3/17</i> , 19 <i>59</i> , that I last saw the deceased alive on <i>3/17</i> , 19 <i>59</i> , and that death occurred at <i>9:11</i> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>Robert de Villareal</i> M.D.		ADDRESS (Street, city or town, state) <i>5th Street</i> DATE SIGNED <i>3/18</i>	
PHYSICIAN'S NAME (Type) <i>Robert de Villareal, M.D.</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>3-18-59</i>		22b. DATE THEREOF <i>Patunent</i>	
22c. NAME OF CEMETERY OR CREMATORY <i>Huntingtown Md</i>		22d. LOCATION (City, town, or county) (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>P. E. Sewell</i> ADDRESS <i>Prince Frederick</i>		24a. REC'D BY REGISTRAR DATE <i>MAR 23 '59</i>	
24b. REGISTRAR'S SIGNATURE <i>Arthur L. House</i>			

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CERTIFICATE OF DEATH

2022

See Div. 112

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH		6. OCCUPATION		7. CAUSE OF DEATH		8. PLACE OF DEATH		9. TIME OF DEATH		10. SIGNATURE OF DECEASED		11. SIGNATURE OF WITNESSES		12. SIGNATURE OF PHYSICIAN		13. SIGNATURE OF CORONER		14. SIGNATURE OF JURY		15. SIGNATURE OF JUDGE		16. SIGNATURE OF CLERK		17. SIGNATURE OF REGISTRAR		18. SIGNATURE OF ASSISTANT REGISTRAR		19. SIGNATURE OF CLERK		20. SIGNATURE OF ASSISTANT CLERK		21. SIGNATURE OF CLERK		22. SIGNATURE OF ASSISTANT CLERK		23. SIGNATURE OF CLERK		24. SIGNATURE OF ASSISTANT CLERK		25. SIGNATURE OF CLERK		26. SIGNATURE OF ASSISTANT CLERK		27. SIGNATURE OF CLERK		28. SIGNATURE OF ASSISTANT CLERK		29. SIGNATURE OF CLERK		30. SIGNATURE OF ASSISTANT CLERK		31. SIGNATURE OF CLERK		32. SIGNATURE OF ASSISTANT CLERK		33. SIGNATURE OF CLERK		34. SIGNATURE OF ASSISTANT CLERK		35. SIGNATURE OF CLERK		36. SIGNATURE OF ASSISTANT CLERK		37. SIGNATURE OF CLERK		38. SIGNATURE OF ASSISTANT CLERK		39. SIGNATURE OF CLERK		40. SIGNATURE OF ASSISTANT CLERK		41. SIGNATURE OF CLERK		42. SIGNATURE OF ASSISTANT CLERK		43. SIGNATURE OF CLERK		44. SIGNATURE OF ASSISTANT CLERK		45. SIGNATURE OF CLERK		46. SIGNATURE OF ASSISTANT CLERK		47. SIGNATURE OF CLERK		48. SIGNATURE OF ASSISTANT CLERK		49. SIGNATURE OF CLERK		50. SIGNATURE OF ASSISTANT CLERK		51. SIGNATURE OF CLERK		52. SIGNATURE OF ASSISTANT CLERK		53. SIGNATURE OF CLERK		54. SIGNATURE OF ASSISTANT CLERK		55. SIGNATURE OF CLERK		56. SIGNATURE OF ASSISTANT CLERK		57. SIGNATURE OF CLERK		58. SIGNATURE OF ASSISTANT CLERK		59. SIGNATURE OF CLERK		60. SIGNATURE OF ASSISTANT CLERK		61. SIGNATURE OF CLERK		62. SIGNATURE OF ASSISTANT CLERK		63. SIGNATURE OF CLERK		64. SIGNATURE OF ASSISTANT CLERK		65. SIGNATURE OF CLERK		66. SIGNATURE OF ASSISTANT CLERK		67. SIGNATURE OF CLERK		68. SIGNATURE OF ASSISTANT CLERK		69. SIGNATURE OF CLERK		70. SIGNATURE OF ASSISTANT CLERK		71. SIGNATURE OF CLERK		72. SIGNATURE OF ASSISTANT CLERK		73. SIGNATURE OF CLERK		74. SIGNATURE OF ASSISTANT CLERK		75. SIGNATURE OF CLERK		76. SIGNATURE OF ASSISTANT CLERK		77. SIGNATURE OF CLERK		78. SIGNATURE OF ASSISTANT CLERK		79. SIGNATURE OF CLERK		80. SIGNATURE OF ASSISTANT CLERK		81. SIGNATURE OF CLERK		82. SIGNATURE OF ASSISTANT CLERK		83. SIGNATURE OF CLERK		84. SIGNATURE OF ASSISTANT CLERK		85. SIGNATURE OF CLERK		86. SIGNATURE OF ASSISTANT CLERK		87. SIGNATURE OF CLERK		88. SIGNATURE OF ASSISTANT CLERK		89. SIGNATURE OF CLERK		90. SIGNATURE OF ASSISTANT CLERK		91. SIGNATURE OF CLERK		92. SIGNATURE OF ASSISTANT CLERK		93. SIGNATURE OF CLERK		94. SIGNATURE OF ASSISTANT CLERK		95. SIGNATURE OF CLERK		96. SIGNATURE OF ASSISTANT CLERK		97. SIGNATURE OF CLERK		98. SIGNATURE OF ASSISTANT CLERK		99. SIGNATURE OF CLERK		100. SIGNATURE OF ASSISTANT CLERK	
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2924

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Cabaret</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE <u>MD</u> c. COUNTY <u>Cabaret</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Solomons</u>				c. LENGTH OF STAY IN 1b <u>Life</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>William E.</u> Middle <u>Northam</u> Last <u>Northam</u>				4. DATE OF DEATH Month <u>Mar</u> Day <u>10</u> Year <u>1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 4, 1871</u>	9. AGE (In years last birthday) <u>87</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self-employed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Optic Industry</u>		11. BIRTHPLACE (State or foreign country) <u>Deale's Island, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James Northam</u>				14. MOTHER'S MAIDEN NAME <u>Julia Evans</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT Address <u>Mrs. Ruth C. Northam - Solomons, Md</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>arteriosclerosis</u> DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>6 Mar</u> , 19 <u>59</u> , to <u>10 Mar</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>9 Mar</u> , 19 <u>59</u> , and that death occurred at <u>5 A</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE <u>[Signature]</u> M.D. <u>Huntingtown, 10 Mar 59</u> PHYSICIAN'S NAME (Type) <u>B. J. WEEMS</u> <u>HUNTINGTOWN, MD.</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Mar. 12, 1959</u>		<u>Middleham Chapel Cem.</u>		<u>Lesby - Cabaret - Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>				ADDRESS <u>Middleham</u>		24a. REC'D BY REGISTRAR DATE <u>MAR 16 '59</u>	
				24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kraus</u>			

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE

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## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <b>Calvert</b> <b>MARYLAND</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Calvert</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Prince Frederick</b>		c. LENGTH OF STAY IN 1b <b>life</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Prince Frederick</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Calvert County Hospital</b>				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Franklin</b> Last <b>Barrow</b>				4. DATE OF DEATH Month <b>March</b> Day <b>13</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 10, 1912</b>		9. AGE (In years last birthday) <b>46</b> yrs.	IF UNDER 1 YEAR Months <b>46</b> Days <b>13</b> Hours <b>19</b> Min.	IF UNDER 24 HRS. Hours <b>19</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sold junk iron</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Joseph Parran</b>				14. MOTHER'S MAIDEN NAME <b>Julia Chase Hardtman</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>217-09-5694</b>		17. INFORMANT Address <b>Eloise Parran, Prince Frederick, Md.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia</b> <b>241X</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Asphyxia</b> DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. <b>19</b> p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)		(County)	(State)	
21. I certify that I attended the deceased from <b>2 Nov 58</b> to <b>12 Nov 59</b> , that I last saw the deceased alive on <b>12 Nov 59</b> , and that death occurred at <b>3:45</b> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <b>Huntingtown, Md.</b> DATE SIGNED <b>3/13/59</b>							
ACTUAL SIGNATURE <b>George J. Weems</b>		M.D. <b>Huntingtown, Md.</b>					
PHYSICIAN'S NAME (Type) <b>Dr. George J. Weems</b>		<b>Huntingtown, Md.</b>					
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	22b. DATE THEREOF <b>Mar. 16, 59</b>	22c. NAME OF CEMETERY OR CREMATORY <b>Bible-way Church</b>		22d. LOCATION (City, town, or county) <b>Calvert</b> (State) <b>Md.</b>			
23. FUNERAL DIRECTOR'S SIGNATURE <b>Leah Perry</b>		ADDRESS <b>Huntingtown, Md.</b>		24a. REC'D BY REGISTRAR DATE <b>MAR 18 '59</b>	24b. REGISTRAR'S SIGNATURE <b>Arthur S. Kline</b>		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

# CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02918

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Md.</i> b. COUNTY <i>Calvert</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Freds</i>		c. LENGTH OF STAY IN lb	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>Calvert Co. H.H.</i>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Owings</i> Middle <i>H.</i> Last <i>Russell</i>		4. DATE OF DEATH Month <i>3</i> Day <i>10</i> Year <i>1959</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>5/6/89</i>
9. AGE (In years last birthday) <i>69</i> yrs.		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dept. of Assessment</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Calvert Co.</i>	
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Harry P. Owings</i>		14. MOTHER'S MAIDEN NAME <i>Hattie Lansing</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>yes</i> (If yes, give war or dates of service) <i>WW#1</i>		16. SOCIAL SECURITY NO. <i>?</i>	
17. INFORMANT <i>Mrs. Russell Owings</i>		Address <i>Owings Md</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> <i>322.2</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Electrical poisoning</i> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <i>3 min</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Had been drinking. Brought to Hospital. Was only in chair.</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of form 18.) <i>When he took several deep breaths and died</i>	
20c. TIME OF INJURY Month, Day, Year <i>3 10 59</i> Hour a.m. <i>9:55</i> p.m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. (City or town), (County) (State) <i>Owings Calvert Md</i>
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <i>H. W. Ward</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <i>H. W. WARD</i>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Mar. 12, 1959</i>	22c. NAME OF CEMETERY OR CREMATORY <i>Friendship Methodist</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>G. A. Harkness &amp; Son - Funeral, Md.</i>		24a. REC'D BY REGISTRAR <i>DATE MAR 16 '59</i>	
		24b. REGISTRAR'S SIGNATURE <i>Arthur S. Hume</i>	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.



2927

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MD</u> b. COUNTY <u>Calvert</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>		c. LENGTH OF STAY IN 1b <u>109</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Calvert Co. Hospital</u>		d. STREET ADDRESS <u>Ches. Beach 109</u>	
3. NAME OF DECEASED (Type or print) <u>John F. Schrimmer</u>		4. DATE OF DEATH <u>3</u> Month <u>3</u> Day <u>3</u> Year <u>1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7/11/74</u>
9. AGE (In years for birthday) <u>84</u> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wash DC</u>	
11. BIRTHPLACE (State or foreign country) <u>Wash DC</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Lawrence Schrimmer</u>		14. MOTHER'S MAIDEN NAME <u>Harriet McMonera</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Mr. John F. Schrimmer</u> Address <u>Ches. Beach 109</u>	
17. INFORMANT <u>Mr. John F. Schrimmer</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular renal disease</u> <u>481X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Age and influenza infection</u> DUE TO (c) <u></u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Fractured hip</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <u>Fell at home</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fell at home</u>	
20c. TIME OF INJURY Month, Day, Year <u>3</u> Hour <u>10/11</u> p. m. <u>1958</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. (City or town) (County) (State) <u>Ches. Beach Calvert MD</u>	
21. I certify that I attended the deceased from <u>12/10</u> 19 <u>58</u> , to <u>3/13</u> 19 <u>59</u> , that I last saw the deceased alive on <u>3/12/59</u> 19 <u>59</u> , and that death occurred at <u>2 A</u> M, from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <u>Ches. Beach 109</u> DATE SIGNED <u>3/13/59</u>	
ACTUAL SIGNATURE <u>H W Ward</u>		M.D. <u>Owney M.D.</u>	
PHYSICIAN'S NAME (Type) <u>H W Ward</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>3-6-59</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Glenwood</u>	22d. LOCATION (City, town, or county) (State) <u>Washington D.C.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Funeral Home - Washington D.C.</u>		24a. REC'D BY REGISTRAR <u>MAR 6 '59</u> 24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kraus</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MACYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 10



# UNITED STATES DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film G241, 4/10/59 fcy

## CERTIFICATE OF DEATH

02920

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Cabot Co.</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Md.</u> b. COUNTY <u>Charles</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Marshall Hall</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Cabot Nursing Home</u>		d. STREET ADDRESS <u>08X-2</u>	
3. NAME OF DECEASED (Type or print) <u>John W. Wilson</u>		4. DATE OF DEATH Month <u>march</u> Day <u>17</u> Year <u>1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Approx. UNK 65 yrs. UNK</u>
9. AGE (In years last birthday) Months <u>UNK</u> Days <u>UNK</u> Hours <u>UNK</u> Min. <u>UNK</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNK</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>UNK</u>		11. BIRTHPLACE (State or foreign country) <u>Md.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>A. M. Wilson</u>	
14. MOTHER'S MAIDEN NAME <u>UNK</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>UNK</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT <u>Calvert Nursing Home, Prince Frederick, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio vascular renal disease</u> DUE TO <u>Cerebral accident</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>18 hrs</u> DUE TO (c) <u>3 hrs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u> p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>Dec 5</u> , 19 <u>58</u> , to <u>3/17/59</u> , 19 <u>59</u> , that I lost saw the deceased alive on <u>3/17/59</u> , 19 <u>59</u> , and that death occurred at <u>2:15 P.</u> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>H. W. Ward</u>		ADDRESS (Street, city or town, state) DATE SIGNED <u>Md. Owings Md.</u>	
PHYSICIAN'S NAME (Type) <u>The Hunt Funeral Home, Waldorf, Md.</u>		22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
22b. DATE THEREOF <u>3-20-59</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Christ Ch. Cem.</u>	
22d. LOCATION (City, town, or county) (State) <u>Accokeek, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>MAR 23 '59</u>	
24b. REGISTRAR'S SIGNATURE <u>Arthur E. Evans</u>		23. FUNERAL DIRECTOR'S SIGNATURE <u>The Hunt Funeral Home, Waldorf, Md.</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

# CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

185358

Reg. District

1. NAME OF DECEASED <b>Marshall Hall</b>		2. SEX <b>M</b>		3. AGE <b>24</b>		4. DATE OF BIRTH <b>Aug 19 1891</b>		5. PLACE OF BIRTH <b>Chesapeake</b>	
6. OCCUPATION <b>Student</b>		7. CAUSE OF DEATH <b>Heart Disease</b>		8. MANNER OF DEATH <b>Accident</b>		9. PLACE OF DEATH <b>Home</b>		10. DATE OF DEATH <b>Aug 24 1915</b>	
11. SIGNATURE OF DECEASED <b>Marshall Hall</b>		12. SIGNATURE OF WITNESSES <b>W. H. ...</b>		13. SIGNATURE OF PHYSICIAN <b>W. H. ...</b>		14. SIGNATURE OF CLERK <b>W. H. ...</b>		15. SIGNATURE OF REGISTRAR <b>W. H. ...</b>	
16. SIGNATURE OF DECEASED <b>Marshall Hall</b>		17. SIGNATURE OF WITNESSES <b>W. H. ...</b>		18. SIGNATURE OF PHYSICIAN <b>W. H. ...</b>		19. SIGNATURE OF CLERK <b>W. H. ...</b>		20. SIGNATURE OF REGISTRAR <b>W. H. ...</b>	
21. SIGNATURE OF DECEASED <b>Marshall Hall</b>		22. SIGNATURE OF WITNESSES <b>W. H. ...</b>		23. SIGNATURE OF PHYSICIAN <b>W. H. ...</b>		24. SIGNATURE OF CLERK <b>W. H. ...</b>		25. SIGNATURE OF REGISTRAR <b>W. H. ...</b>	
26. SIGNATURE OF DECEASED <b>Marshall Hall</b>		27. SIGNATURE OF WITNESSES <b>W. H. ...</b>		28. SIGNATURE OF PHYSICIAN <b>W. H. ...</b>		29. SIGNATURE OF CLERK <b>W. H. ...</b>		30. SIGNATURE OF REGISTRAR <b>W. H. ...</b>	
31. SIGNATURE OF DECEASED <b>Marshall Hall</b>		32. SIGNATURE OF WITNESSES <b>W. H. ...</b>		33. SIGNATURE OF PHYSICIAN <b>W. H. ...</b>		34. SIGNATURE OF CLERK <b>W. H. ...</b>		35. SIGNATURE OF REGISTRAR <b>W. H. ...</b>	
36. SIGNATURE OF DECEASED <b>Marshall Hall</b>		37. SIGNATURE OF WITNESSES <b>W. H. ...</b>		38. SIGNATURE OF PHYSICIAN <b>W. H. ...</b>		39. SIGNATURE OF CLERK <b>W. H. ...</b>		40. SIGNATURE OF REGISTRAR <b>W. H. ...</b>	
41. SIGNATURE OF DECEASED <b>Marshall Hall</b>		42. SIGNATURE OF WITNESSES <b>W. H. ...</b>		43. SIGNATURE OF PHYSICIAN <b>W. H. ...</b>		44. SIGNATURE OF CLERK <b>W. H. ...</b>		45. SIGNATURE OF REGISTRAR <b>W. H. ...</b>	
46. SIGNATURE OF DECEASED <b>Marshall Hall</b>		47. SIGNATURE OF WITNESSES <b>W. H. ...</b>		48. SIGNATURE OF PHYSICIAN <b>W. H. ...</b>		49. SIGNATURE OF CLERK <b>W. H. ...</b>		50. SIGNATURE OF REGISTRAR <b>W. H. ...</b>	
51. SIGNATURE OF DECEASED <b>Marshall Hall</b>		52. SIGNATURE OF WITNESSES <b>W. H. ...</b>		53. SIGNATURE OF PHYSICIAN <b>W. H. ...</b>		54. SIGNATURE OF CLERK <b>W. H. ...</b>		55. SIGNATURE OF REGISTRAR <b>W. H. ...</b>	
56. SIGNATURE OF DECEASED <b>Marshall Hall</b>		57. SIGNATURE OF WITNESSES <b>W. H. ...</b>		58. SIGNATURE OF PHYSICIAN <b>W. H. ...</b>		59. SIGNATURE OF CLERK <b>W. H. ...</b>		60. SIGNATURE OF REGISTRAR <b>W. H. ...</b>	
61. SIGNATURE OF DECEASED <b>Marshall Hall</b>		62. SIGNATURE OF WITNESSES <b>W. H. ...</b>		63. SIGNATURE OF PHYSICIAN <b>W. H. ...</b>		64. SIGNATURE OF CLERK <b>W. H. ...</b>		65. SIGNATURE OF REGISTRAR <b>W. H. ...</b>	
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91. SIGNATURE OF DECEASED <b>Marshall Hall</b>		92. SIGNATURE OF WITNESSES <b>W. H. ...</b>		93. SIGNATURE OF PHYSICIAN <b>W. H. ...</b>		94. SIGNATURE OF CLERK <b>W. H. ...</b>		95. SIGNATURE OF REGISTRAR <b>W. H. ...</b>	
96. SIGNATURE OF DECEASED <b>Marshall Hall</b>		97. SIGNATURE OF WITNESSES <b>W. H. ...</b>		98. SIGNATURE OF PHYSICIAN <b>W. H. ...</b>		99. SIGNATURE OF CLERK <b>W. H. ...</b>		100. SIGNATURE OF REGISTRAR <b>W. H. ...</b>	

THIS CERTIFICATE IS VALID FOR THE PURPOSES OF THE MARYLAND DEPARTMENT OF HEALTH - BALTIMORE 18